

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/673503

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	0		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	2		2			
16	2		2			
17	2		2			
18	6		6			
19	0		0			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
24	2		2			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
31	1		1			
32	1		1			
33	0		0			
34	0		0			
35	0		0			
36	0		0			
37	0		0			
38	0		0			
39	0		0			
40	0		0			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46	1		1			
47	1		1			
48	1		1			
49	1		1			
50	1		1			
TOTAL IND.	34		14			
TOTAL DEP.	93		21			
TOTAL CLAIMS	127		30			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53			3			
54	1					
55			1			
56	1					
57	1					
58	1					
59			1			
60			1			
61			1			
62			1			
63	1					
64	1					
65			1			
66			1			
67			1			
68			1			
69			1			
70			1			
71			1			
72			1			
73			1			
74			2			
75			2			
76			2			
77			1			
78			2			
79			2			
80			2			
81			1			
82			1			
83			1			
84			1			
85			1			
86			1			
87			1			
88			1			
89			1			
90			1			
91			1			
92			1			
93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	(1)					
102	(1)					
103	(1)					
104	(1)					
105	(1)					
106						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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